						_			
	in this information to identify your countries. Kristine Gua								
Del	btor 2				_				
	ited States Bankruptcy Court for the	e: MIDDLE DISTRICT C	F PENNSYLVANIA						
	se number 5:22-bk-01996					Check if thi	s is:		
(If kı	nown)		-			■ An ame	nded filing	J	
								wing postpetition ne following date	
0	fficial Form 106I						D/ YYYY	Ü	
S	chedule I: Your Inc	ome							12/15
atta	ch a separate sheet to this form. The separate sheet to this form.					I case number	(if known	n). Answer every	y question
	information.		Debtor 1		Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Employed ☐ Not employed		
	information about additional employers.	0	☐ Not employed				ot employe	eu	
	Include part-time, seasonal, or self-employed work.	Occupation Employer's name	Hunts Landing	Best W	este	rn			
	Occupation may include student or homemaker, if it applies.	Employer's address	120 6th Street Matamoras, PA	18336					
		How long employed t	here?						
Pai	rt 2: Give Details About Mor	nthly Income							
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any	line, write \$0 in	the space	. Include your no	n-filing
	ou or your non-filing spouse have more space, attach a separate sheet to		ombine the information	n for all e	emplo		erson on th	ne lines below. If	you need
						For Debtor 1		Debtor 2 or a-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	1,100.0	00 \$	N/A	-
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.0	+\$	N/A	_
4.	Calculate gross Income. Add lii	ne 2 + line 3.		4.	\$	1,100.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1 Doc 22 Filed 03/13/23 Entered 03/13/23 16:22:42 Desc

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Main Document

Deb	tor 1	Kristine Guardino		Case	number (if known)	5:22-bk	01996	
				For	Debtor 1	For Dok	otor 2 or	
				FOI	Deptor 1		ng spouse	
	Cop	by line 4 here	4.	\$	1,100.00	\$	N/A	
5.	List	t all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	206.50	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$ _	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$ -	0.00	\$	N/A	
	5e.	Insurance	5e.	\$_	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	206.50	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	893.50	\$	N/A	
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.		8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a depend regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	lent 8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	676.00	\$	N/A	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP Pension or retirement income	ance 8f. 8g.	\$ _	86.00 316.40	\$ \$	N/A N/A	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,078.40	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		1,971.90 + \$_	N	\$1,9	71.90
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Scheoude contributions from an unmarried partner, members of your household, yer friends or relatives. not include any amounts already included in lines 2-10 or amounts that are sacify:	our depen			ed in <i>Sche</i>	edule J. 11. +\$	0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Schedules and Statistical Summary of Collies				a, if it	,	71.90
							Combined	

Yes. Explain:

monthly income

13. Do you expect an increase or decrease within the year after you file this form?

Fill	in this info	ormation to identify yo	our case:							
	tor 1	Kristine Gua				Ch	eck if th	is is:		
							An an	nended filing		
	tor 2	~)							ving postpetition chapt the following date:	er
(Spo	ouse, if filing	9)					13 6%	penses as or	the following date.	
Unit	ed States E	Bankruptcy Court for the	: MIDDLE	E DISTRICT OF PENNSYL	VANIA		MM /	DD / YYYY		
l	e number nown)	5:22-bk-01996								
		Form 106J								
S	chedu	ıle J: Your 🛚	Exper	ises					1	2/15
info	ormation.		eded, atta	If two married people are ch another sheet to this to n.						
		escribe Your House	hold							
1.		joint case?								
		Go to line 2.								
	☐ Yes.	Does Debtor 2 live	in a separ	ate household?						
		☐ No ☐ Yes. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate Housel	hold of De	ebtor 2.			
2.	Do you	have dependents?	■ No							
	Do not li Debtor 2	st Debtor 1 and 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		De ag	ependent's je	Does dependent live with you?	
	Do not s	tate the							□ No	
	depende	ents names.							☐ Yes	
									□ No	
									☐ Yes	
									□ No	
									☐ Yes ☐ No	
									☐ Yes	
3.	expense	expenses include es of people other t f and your depende	han $_{f \Box}$	No Yes						
Est exp	imate you	of a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental <i>Schedul</i> e	orm as a s J, check	supplen the box	nent in a Cha at the top o	pter 13 case to repo f the form and fill in t	rt he
the		such assistance an		government assistance if cluded it on <i>Schedule I:</i> Y				Your expe	enses	
4.		tal or home owners		ses for your residence. In	nclude first mortgage	4.	\$		579.42	
	, ,	cluded in line 4:	o ground o	. 100						
						4-	¢.		0.00	
		eal estate taxes roperty, homeowner's	s or renter	's insurance		4a. 4b.			0.00 0.00	
		ome maintenance, re				40. 4c.	: —		0.00	
		omeowner's associat				4d.	: —		71.25	
5.	Additio	nal mortgage paymo	ents for yo	our residence, such as hor	me equity loans	5.	\$		0.00	

Official Form 106J Schedule J: Your Expenses page 1

Debtor 1 Kr	istine Guardino	Case num	ber (if known)	5:22-bk-01996
6. Utilities:				
	ectricity, heat, natural gas	6a.	\$	200.00
	ater, sewer, garbage collection	6b.	\$	40.00
6c. Te	lephone, cell phone, Internet, satellite, and cable services	6c.	\$	102.00
	her. Specify:	6d.	\$	0.00
	d housekeeping supplies	7.	\$	250.00
	e and children's education costs	8.	\$	0.00
Clothing	, laundry, and dry cleaning		\$	0.00
_	I care products and services	10.	\$	0.00
	and dental expenses	11.		16.50
	rtation. Include gas, maintenance, bus or train fare.		·	10.30
	clude car payments.	12.	\$	175.00
	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	le contributions and religious donations	14.	\$	0.00
. Insuranc	•		·	
	clude insurance deducted from your pay or included in lines 4 or 20.			
15a. Life	e insurance	15a.	\$	0.00
15b. He	ealth insurance	15b.	\$	0.00
15c. Ve	hicle insurance	15c.	\$	140.00
15d. Otl	her insurance. Specify:	15d.	·	0.00
	o not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:	o not motivate taxos assastes nom your pay or motivate in miss 1 or 25.	16.	\$	0.00
7. Installme	ent or lease payments:			
	r payments for Vehicle 1	17a.	\$	0.00
17b. Ca	r payments for Vehicle 2	17b.	\$	0.00
	her. Specify:	17c.	\$	0.00
	her. Specify:	17d.	\$	0.00
	ments of alimony, maintenance, and support that you did not report as		<u> </u>	
	d from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	yments you make to support others who do not live with you.		\$	0.00
Specify:		19.		
0. Other rea	al property expenses not included in lines 4 or 5 of this form or on School	edule I: Yo	ur Income.	
20a. Mc	ortgages on other property	20a.	\$	0.00
20b. Re	eal estate taxes	20b.	\$	0.00
20c. Pro	operty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Ma	aintenance, repair, and upkeep expenses	20d.	\$	0.00
	meowner's association or condominium dues	20e.	\$	0.00
1. Other: S	pecify:	21.	+\$	0.00
·	· · ·			
	e your monthly expenses			
	lines 4 through 21.		\$	1,574.17
22b. Cop	y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add	line 22a and 22b. The result is your monthly expenses.		\$	1,574.17
			-	,
	e your monthly net income.		•	
	py line 12 (your combined monthly income) from Schedule I.	23a.	·	1,971.90
23b. Co	py your monthly expenses from line 22c above.	23b.	-\$	1,574.17
00 -				
	btract your monthly expenses from your monthly income.	23c.	\$	397.73
In	e result is your monthly net income.	200.	L*	333
For examp modification	expect an increase or decrease in your expenses within the year after youle, do you expect to finish paying for your car loan within the year or do you expect you on to the terms of your mortgage?			ease or decrease because of a
■ No.	Fords's horse			
☐ Yes.	Explain here:			